

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA

Helena, Montana DIVISION
(You must fill in this blank. See Instruction F)

Paul G. Zondo

(Write the full name of each plaintiff who is filing this complaint. Each named plaintiff must sign the complaint.)

Plaintiff,

-against-

Montana State Prison

MONTANA Department of
Corrections

(Write the full name(s) of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. The names listed in the above caption must be identical to those contained in Section II. Do not include addresses here and do not use et al.)

Defendants.

Case No. _____
(to be filled in by the Clerk's Office)

COMPLAINT
(Pro Se Non-Prisoner)

Jury Trial Demanded: ☒ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to

Pro Se Non-Prisoner Complaint Form
Plaintiff's Last Name ZONDO

(Revised April 2016)
Page 1 of 8

INSTRUCTIONS

1. Use this form to file a civil complaint with the United States District Court for the District of Montana. Include only counts/causes of action and facts – not legal arguments or citations. You may attach additional pages where necessary. Your complaint must be typed or legibly handwritten in ink and on white paper. Write on only one side of the paper. Do not use highlighters and do not staple or otherwise bind your papers. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). You must sign the complaint (see page 8). Your signature need not be notarized but it must be an original and not a copy. The Clerk's Office cannot provide you copies of documents in your file without prepayment of \$0.10 per page (for documents electronically available) or \$0.50 (for documents not electronically available). Please keep a copy of the documents you send to the Court.
2. The filing fee for a complaint is \$350.00 plus a \$50.00 administrative fee for a total of \$400.00. This amount is set by Congress and cannot be changed by the Court. If you pay the filing fee, you will be responsible for serving the complaint on each defendant and any costs associated with such service.
3. If you are unable to prepay the entire filing fee and service costs for this action, you may file a motion to proceed in forma pauperis.
4. Complaints submitted by persons proceeding in forma pauperis must be reviewed by the Court before defendants are required to answer. *See* 28 U.S.C. § 1915(e)(2). The Court will dismiss your complaint before it is served on defendants if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief may be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages. After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention. Plaintiffs should not serve defendants, pursue discovery, or request entry of default judgment prior to the completion of this review process.
5. The case caption (page 1 of this form) must indicate the proper Division for filing. The proper Division is where the alleged wrong(s) occurred. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: *Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden*

Pro Se Non-Prisoner Complaint Form

Plaintiff's Last Name

ZONDO

(Revised April 2016)

Page 2 of 8

Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux, and Yellowstone Counties

U.S. District Court Clerk, 601 2nd Avenue North, Suite 1200, Billings, MT 59101

Butte Division: *Beaverhead, Deer Lodge, Gallatin, Madison, and Silver Bow Counties*
U.S. District Court Clerk, 400 N. Main, Butte, MT 59701

Great Falls Division: *Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, and Valley Counties*
U.S. District Court Clerk, 125 Central Ave. West, Great Falls, MT 59404

Helena Division: *Broadwater, Jefferson, Lewis & Clark, Meagher, and Powell Counties*
U.S. District Court Clerk, 901 Front St., Ste 2100, Helena, MT 59626

Missoula Division: *Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, and Sanders Counties*
U.S. District Court Clerk, P.O. Box 8537, Missoula, MT 59807

I. Parties to this Complaint

A. Plaintiff

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Paul G. Zondo
Street Address	2140 Xavier street #201
City and County	Bismarck, North Dakota 58501
State and Zip Code	North Dakota 58501
Telephone Number	612-801-0926
E-mail Address	paul.zondo1@gmail.com

B. Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an

Pro Se Non-Prisoner Complaint Form
Plaintiff's Last Name Zondo

(Revised April 2016)
Page 3 of 8

individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both.

Defendant No. 1:

Name Montana State Prison
Job or Title _____ (if known)
Street Address 400 Conley Road
City and County Powell County - Deer Lodge
State and Zip Code Montana
Telephone Number 406-846-1320
E-mail Address _____ (if known)

☐ Individual capacity ☒ Official capacity

Defendant No. 2:

Name Montana Department of Corrections
Job or Title _____ (if known)
Street Address 5 South Last Chance Gulch
City and County Helena
State and Zip Code Montana 58501
Telephone Number 406-444-3930
E-mail Address _____ (if known)

☐ Individual capacity ☒ Official capacity

Defendant No. 3:

N/A
Name _____
Job or Title _____ (if known)
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____ (if known)

☐ Individual capacity ☐ Official capacity

Attached page in back

IV. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph.

A. Count I:

1. What federal constitutional or statutory right(s) do you claim is/are being violated by defendants?

Title VII of the civil Rights Acts of 1964. Department of Labor

2. What date and approximate time did the events giving rise to your claim(s) occur? Montana State Prison June 21, 2016 (mornings) 0545 hours August 6, 2016 1400 hours

3. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe what happened without citing legal arguments, cases, or statutes).

June 21, 2016 I saw the officer posted at check-point let staff through without them having to show I.D. but when it was my turn to pass I was always put through special measure by requiring me to show ID call Lieutenant to verify my employment and after several minutes will let in

4. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

Montana State Prison deliberately refused to address my documented greivances about me been treated unfairly as the only black officer. MSP inability to provide no documented resolution to my grievances of discrimination and racism created a toxic work environment for me.

(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must address paragraphs IV(A)(1-4) for each count., following the directions under IV.

IV. Statement of Claim

On June 21, 2016 at about 0545 hours, I Correctional Officer Paul Zondo proceeded to prison check point to gain entry for work.

I noticed Officer Stone waving about two vehicles (officers) off into the compound without her getting out of the check point booth to inspect and verify their IDs. As it was my turn to pass, she immediately exited the booth and proceeded to my vehicle. She asked for my ID and I explained that I did not have it on me that day. She said that I would not gain entry. She demanded my vehicle parked while she called Command Post and spoke with the shift captain to determine my right to enter facility. This process sometimes took five to ten minutes of standing and waiting. All the while, am dressed in full Montana State Prison Uniform (Hat, Boots, bloused pants and shirt).

This was one of many occasions Officer Stone's has selected me out to put me through additional measures which made me feel uncomfortable, intimidated, threatened and felt I was not treated fairly and equally. On prior occasion before this incident, I have had my ID on me and was still asked to bring my car window down so she can see me, show my ID, and show the back of my id. I documented a grievance to Command Post (Supervisors) of my unfair treatment base on race, but no documented conclusion of their investigation was ever issued me.

On August 6th, 2016 at about 1405 hours I proceeded to change house through front lobby. All staff was been pat down on this day by IPS (Inter Parameter Security) staff. After been patted down and loaded gear for work one of the IPS staff stood directly in my way preventing me from exiting the lobby's cubicle. I asked him three times using audible voice and he would not move so I can exit. The other IPS officer who stood by laughed at the situation. Knowing that his actions were deliberate, I immediately documented a grievance with Command Post. There was no documented conclusion of their investigation issued me until my departure on October 31, 2016.

Paul Zondo 9-11-17

Defendant No. 4: N/A

Name _____
Job or Title _____ (if known)
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____ (if known)

☐ Individual capacity ☐ Official capacity

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

II. Basis for Jurisdiction

Check the option that best describes the basis for jurisdiction in your case:

- ☒ **Federal Question:** Claims arising under the Constitution, laws, or treaties of the United States. This includes claims brought under 42 U.S.C. § 1983 against state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]."
- ☐ **U.S. Government Defendant:** United States or a federal official or agency is a defendant. This includes claims brought against federal employees under *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971)
- ☐ **Diversity of Citizenship:** A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000.

III. Venue

This court can hear cases arising out of the District of Montana. Under 28 U.S.C. § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district.

Please explain why venue is appropriate in this Court:

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. (Do not cite legal arguments, cases, or statutes). Attach additional pages if needed.

I Sustained mental stress and emotional trauma and sleepless Nights. Was prescribed antidepressants by my doctor. Was on antidepressant pills for months when I worked at the prison because hostile and intimidating work environment for black officer

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the court to assist in making Montana State Prison a welcoming place for black and minority officers. A place free of prejudice biases discrimination and racism submerged or blatant. I am seeking 1 million USD in

damages sustained
- \$ 500,000 Emotional Pain and Stress - \$ 350,000 future medical
- \$ 50,000 Loss of Peace of mind - \$ 100,000 future loss of earning

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

VII. Plaintiff's Declaration

- A. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
- B. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.
- C. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:
- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
 - birth dates must include the year of birth only (e.g. xx/xx/2001); and
 - names of persons under the age of 18 must include initials only (e.g. L.K.).
- If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.
- I understand I am responsible for protecting the privacy of this information.
- D. I understand the submission of a false statement or answer to any question in this complaint may subject me to penalties for perjury. I declare under penalty of perjury that I am the Plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

Executed at Helena on 9-10-17, 2017.
(Location) (Date)

Signature of Plaintiff: _____

Printed Name of Plaintiff: _____